



CITY OF NEWPORT BEACH

REVENUE DIVISION

3300 NEWPORT BOULEVARD • P.O. BOX 1768

NEWPORT BEACH, CA 92658-8915

(949) 644-3141

RevenueHelp@newportbeachca.gov

http://www.newportbeachca.gov/Revenue

**SPECIAL EVENT TEMPORARY  
BUSINESS LICENSE TAX APPLICATION**

OFFICE USE ONLY

BUSINESS NUMBER

LICENSE NUMBER

The event organizer and all businesses affiliated with a permitted Special Event in the City of Newport Beach are required to pay a Special Events Temporary Business License Tax.

The event organizer shall provide Revenue Division with a roster listing each vendor, exhibitor or other event service provider involved in its Special Event as part of its Special Events Permit Application. The event organizer shall collect the Special Events Temporary License tax from each vendor, exhibitor or other event service provider and remit the payments to the City prior to the event date. Should the organizer or participant in the event already hold a valid Newport Beach Business License Tax Certificate, the organizer is not required to collect or submit a tax payment for that particular participant. However, that participant must still be listed on the roster.

If the event organizer fails to provide the roster, each individual vendor, exhibitor or other event service provider may be required to pay the full amount of the apportioned business license tax rate.

Please complete the Special Events Temporary Business License roster and submit with the tax payment. If you require more information, please call 949-644-3141.

PLEASE PRINT CLEARLY IN **BLACK INK**. ILLEGIBLE APPLICATIONS WILL BE RETURNED.

1. **Event Name** \_\_\_\_\_  
Maximum 30 characters
2. **Location Address** \_\_\_\_\_
3. **Event Organizer Phone #** (\_\_\_\_\_) \_\_\_\_\_
4. **Event Organizer Mailing Address** \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_
5. **Event Organizer Email Address** \_\_\_\_\_
6. **Web Site Address** \_\_\_\_\_
7. **Event Start Date in Newport Beach** \_\_\_\_\_
8. **Event End Date in Newport Beach** \_\_\_\_\_
9. **Type of Event** \_\_\_\_\_
14. **Event Organizer Contact Person** \_\_\_\_\_
15. **Event Organizer Business Address** \_\_\_\_\_
16. **Business Phone:** (\_\_\_\_\_) \_\_\_\_\_
17. **Mobile Phone:** (\_\_\_\_\_) \_\_\_\_\_

18. **Total number of vendors, exhibitors or event service providers** \_\_\_\_\_ **x \$20.00= \$** \_\_\_\_\_ **Total Amount Due**  
Make checks payable to City of Newport Beach. These rates are valid from July 1, 2010 through June 30, 2011

18. I hereby certify under penalty of perjury that I am authorized to make this statement and the information provided on this application is true and correct. I also certify that I have read and understood this application.

Applicant's Signature

Date

Applicant's Name (Printed)

Title